DOCKET FILE COPY ORIGINAL

FEB 2 7 2008

Sacred Heart School 218 So. 12th St Osage, IA 50461 641-732-5221



February 11, 2008

CC: 02-6

Dear Marlene,

We are making a request for a wavier for Form 471 that we filed with USAC for funding year 2008-2009. We have enclosed a copy of our application and the certified mail receipt. The highlighted portion on each of these forms shows that the application was completed prior to 11:57 p.m. on February 7th, 2008.

Our post office had closed and we were unable to get the letter in the mail with the Feb. 7th postmark.

The second document enclosed is the receipt for certified mail - shows that we did mail it the next morning.

Thank you in advance for your consideration.

Sincerely,

Kim Weigle

Lead Teacher

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FCC Form 471			Do not write in this area.	Approval by OMB 3060-0806	
	·			3000-0806	
Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471 Estimated Average Burden Hours per Response: 4 hours This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.) The instructions include information on the deadlines for filling this application.					
Applicant's Form Identifier (Create your own code to identify THIS 4712009shs form 471) Form 471 Application# (To be assigned by administrator)					
Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the service listed on this form.)					
1 a	Name of Billed Entity	SACRED HEART SCHOOL/OSAGE			
2 a	Funding Year: July 1,	2008 Through June 30: 2009 Billed Entity Number:59085			
4 a	Street Address, P.O. Box, or Routing Number	218 S 12TH ST			
	City OSAGE				
	State IA Zip Code 50461 1725				
b	Telephone Number			nber 641-732-3428	
()	Type of Application	✓ Individual School (individual public or non-public school) ☐ School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) ☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA) ☐ Consortium ☐ Check here if any members of this consortium are ineligible or non-governmental entities)			
6	Contact Person's Name	Kim Weigle			
	First, if the Contact Person's Street Address is the same as in Item 4, check this box. If not, please complete the entries for the Street Address below.				
b	Street Address, P.O. Box, or Routing Number	218 S 12TH ST			
	City	OSAGE			
	State	IA	Zip Code	50461 1725	
□с	Telephone Number	641-732-5221	□ d Fax	Number 641-732-3428	
☑ e	E-mail Address	shs1@osage.net			
f	Holiday/vacation/summer contact information				

considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.



- 26 certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.
- 30. I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- 31. acknowledge that the discount fever used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33. I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- violations of the False Claims Act.

 34. It acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35. Icertify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1),(2).
- 36. I certify that this funding request does not constitute a request for internal connections services; except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54,506(c).
- 37. certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

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completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

D-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

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